

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3							53					
4							54					
5							55					
6	/						56					
7		/					57					
8		/					58					
9							59					
10		/					60					
11	/						61					
12	/						62					
13		/					63					
14		/					64					
15		/					65					
16		/					66					
17		/					67					
18	/						68					
19		/					69					
20	/						70					
21		/					71					
22		/					72					
23		/					73					
24		/					74					
25	/						75					
26	/						76					
27		/					77					
28		/					78					
29		/					79					
30		/					80					
31	/						81					
32	/						82					
33		/					83					
34		/					84					
35		/					85					
36		/					86					
37	/						87					
38	/						88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44	/						94					
45	/						95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	14											
TOTAL DEP.	31											
TOTAL CLAIMS	45											